

## Triptodur® Copay Reimbursement Process

If Triptodur is purchased from a Specialty Distributor, please follow the steps below for copay reimbursement

### Pharmacy Benefit Claims



**Step #1**  
Order Triptodur from a Specialty Distributor



**Step #2**  
Call the Triptodur Care Team to enroll PATIENT into the **Triptodur Copay Program**



**Step #3**  
The Triptodur Care Team provides copay card information to Pharmacist to adjudicate claim at point of sale.

### Medical Benefit Claims



**Step #1**  
Order Triptodur from a Specialty Distributor



**Step #2**  
Call the Triptodur Care Team to enroll the patient info into the **Triptodur Copay Program**



**Step #3**  
Complete **Reimbursement Form** and send to the Triptodur Care Team along with the itemized Explanation of Benefits and Billing Statement



**Step #4**  
The Triptodur Care Team ensures all information needed for reimbursement is received and submits for processing

Reimbursement form and supporting documents should be sent directly to the Triptodur Care Team

EMAIL DOCUMENTS TO:	FAX DOCUMENTS TO:	MAIL DOCUMENTS TO:
TriptodurCopay@pantherxrare.com	(855) 246-3986	Triptodur Care Program 24 Summit Park Dr Pittsburgh, PA 15275

To ensure that the reimbursement check is processed quickly, check the following:

#### Reimbursement Form:

- Select the entity to receive copay reimbursement: facility or patient
- Fully complete patient information
- Fully complete prescriber office contact information (including office address and fax)

#### Supporting Documentation (ALL are required):

- Itemized Explanation of Benefits (EOB) – Ensure the documentation clearly states the product name and/or National Drug Code (NDC) and the patient's out-of-pocket expense for Triptodur
- Billing Statement / Itemized Explanation of Payments – Ensure document includes Triptodur JCode, product name, date of service, and patient's out-of-pocket expense for Triptodur
- CMS-1500 or UB-04 Form – Ensure documentation clearly states the Triptodur JCode, CPT Code, NDC, and/or product name and the patient's out-of-pocket expense

Please contact the Triptodur Care Team if you have any questions or need additional support.

**Triptodur Care Team toll free 833 401-CARE (2273) | Available from 8:00 a.m. - 8:00 p.m. ET, Monday to Friday**

# Triptodur Care Program

The Triptodur Care Team can provide the following support through the Triptodur Care Program:



## Benefits investigations for pharmacy and medical claims

The Triptodur Care Team will fax over a summary



## Patient enrollment in the Triptodur Copay Program

The Triptodur Care Team will enroll patients in the Triptodur Copay Program, **a step necessary for reimbursement**



## Triptodur Copay Reimbursement

The Triptodur Care Team will provide you with the reimbursement form and will walk you through the reimbursement process



## Triptodur Care Team is available from 8:00 a.m. - 8:00 p.m. ET, Monday to Friday

Call the Triptodur Care Team toll free at **(833) 401-CARE (2273)**

ELIGIBLE PATIENTS MAY  
PAY AS LITTLE AS

**\$5\***



## Triptodur Copay Assistance Program

- **95% of commercially insured eligible patients\* using the Triptodur Copay Assistance Program paid \$5 for Triptodur!**
- If Triptodur is acquired by a clinic or hospital pharmacy through one of the specialty distributors, eligible patients or healthcare providers can receive copay reimbursement by completing a form. Please call the Triptodur Care Program for assistance.

*\*Please review full Terms and Conditions below.*

### TERMS AND CONDITIONS

By using Triptodur Copay Assistance, you certify that you currently meet the eligibility criteria and will comply with the Terms and Conditions described below:

- Copay Assistance is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, or other federal or state healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan)
- Copay Assistance is not valid for prescriptions that are eligible to be reimbursed in whole by commercial plans.
- **Eligible patients may pay as little as \$5 out-of-pocket for Triptodur per prescription with the Triptodur Copay Assistance Program.**
- This copay is valid for eligible cash paying patients.
- **Insured must be 18 years of age or older; patients must be 2 years of age or older.**
- Each patient is limited to one active Copay Assistance offer at a time during this offering period and the Copay Assistance offer is not transferable.
- Copay Assistance cannot be combined with any other rebate or coupon, free trial, or similar offer for the specified prescription.
- **Copay Assistance will be accepted at participating pharmacies.**
- **Copay Assistance is not health insurance.**
- This offer is good only in the United States and Puerto Rico as allowed by law.
- Azurity reserves the right to rescind, revoke, or amend the Copay Assistance without notice.
- Offer valid until the end of the current calendar year. No membership fees apply.

For more information on **Triptodur Copay Assistance** or the **Triptodur Care Program**, please contact **(833) 401-CARE (2273)** or visit us at [www.Triptodur.com/hcp](http://www.Triptodur.com/hcp).

Reference: 1. Data on file. Azurity Pharmaceuticals, Inc. 2023.